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August 30, 2004

TO: Examiner Horlick (TC1600)**GROUP: 1637****FAX NUMBER: 703-872-9307****ATTORNEY DOCKET NO.: DEX-0271****SERIAL NO.: 10/001,883****FILED: November 20, 2001****NUMBER OF PAGES: 13**

MESSAGE: Attached please find Amendment Transmittal Letter; Reply under 37 C.F.R.
§1.116 mailed May 28, 2004; and Certificate of Transmission by Facsimile.

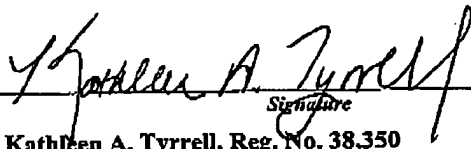
Kathleen A. Tyrrell, Registration No. 38,350**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

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If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0271	
Applicant(s): Macina et al.					
Application No. 10/001,883	Filing Date November 20, 2001	Examiner Horlick, Kenneth R.	Customer No. 32800	Group Art Unit 1637	Confirmation No. 3398
Invention: Compositions and Methods Relating to Colon Specific Genes and Proteins					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div><div style="flex: 1; text-align: right; padding-top: 20px;"><p>Dated: August 30, 2004</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p> _____ Signature Kathleen A. Tyrrell, Reg. No. 38,350</p><p>Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454</p></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					

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